Correspondence

The Editorial Board will be pleased to receive and consider for publication correspondence containing information of interest to physicians or commenting on issues of the day. Letters ordinarily should not exceed 600 words, and must be typewritten, double-spaced and submitted in duplicate (the original typescript and one copy). Authors will be given an opportunity to review any substantial editing or abridgement before publication.

Gastrointestinal Barotrauma in Scuba Divers

TO THE EDITOR: I was most interested in Dr. Kenneth Kizer's report[1] on gastrointestinal barotrauma in scuba divers.

The symptoms described by Dr. Kizer are seen relatively infrequently apart from the abdominal fullness. However, he fails to point out one particular condition which would be of a more urgent and serious nature. This occurs when a diver has an inguinal or other type of hernia and intestinal gas escapes into the hernial contents. On ascent, this condition may very well produce incarceration or strangulation of the hernia. For this reason, it is important to inform all divers known to have a hernia of this inherent risk. Physicians caring for patients with this problem should be informed of the nature of the injury and the method of reducing this by hyperbaric treatment; or, if diving facilities are available, they should be made aware of the technique for reduction of hernia in descent.

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REFERENCE

1. Kizer KW: Gastrointestinal barotrauma (Correspondence). West J Med 134:449-450, May 1981

Horse HAFE?

TO THE EDITOR: This letter is stimulated by the recent exchange of views in the journal on high altitude flatus expulsion (HAFE).

During World War II, the US Air Force flew several thousand horses "over the hump" from Burma to China. The horses were flown in C-47's and C-46's, with each flight carrying four horses.

As the planes gained the necessary altitude for the flight the gaseous production in the fuselage of the plane was really impressive. Horses are able to digest cellulose and in doing so there is considerable production of gas. The decreasing atmospheric pressure in the higher altitude would cause a great expansion of the already large intestinal gas volume.

As the planes not only were not pressurized but also not insulated, there was adequate air exchange so there was no chance to learn if the gas production would attain a lethal concentration. However, the odor lingered on in a very impressive fashion.

It would seem fair and proper to designate this example of the entity as a "Lot of Horse HAFE."

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EDITOR'S NOTE: The expanding volume of comment about HAFE makes it necessary to stem the flow with this letter. Any more discussion could only becloud the issue. This will HAFE to be it.

A Thought for the Year of the Handicapped

TO THE EDITOR: With the current attention focused on handicapped persons, can we hope to see the disappearance of such conditions as birth defects? Milunsky in his book *Know Your Genes*?[1] states that there are more than 2,000 identified genetic disorders. How do we proceed in an attempt to decrease the numbers even if we may be unable to eliminate all of them?

Some 30 years ago a slogan was "Let's get the handicapped out of the closets!" The reason for the slogan was that defective infants, especially ones with Down's syndrome, were often not shown to the parents. Instead the parents were told to put him or her in an institution and forget about it. Sometimes the parents were advised to "try again." While I was working with handicapped persons and taking careful family histories myself, it became apparent that the knowledge of a congenital disease in the family was "kept in the closet." Many families to this day are not told about genetic problems until a child with a genetic defect is born. Genetic counseling after the event